

MONTANA BOARD OF SANITARIANS

301 South Park, 4th Floor
PO Box 200513
Helena Montana 59620-0513
Phone: (406) 841-2348 Fax: (406) 841-2309
Email: dlibsdsan@mt.gov
Website: www.sanitarian.mt.gov

SANITARIAN & SANITARIAN-IN-TRAINING APPLICATION PACKET

Incomplete applications may be returned with a statement regarding incomplete portions.

REQUIREMENTS AND APPLICATION INSTRUCTIONS

Qualifications for Licensure: Applicants for licensure must:

- ✓ Possess a BA degree in environmental health or it's equivalent including a minimum of 45 quarter hours or 30 semester hours in the physical and biological health sciences, including courses in chemistry and microbiology;

Fees:

- ✓ \$90.00 Application fee
- ✓ \$150.00 Exam fee required after the application has been approved and any subsequent exam administration.

Application Procedures: A fully completed application for licensure, signed and notarized, shall be submitted with the following documents:

- ✓ Recent, passport-type photograph.
- ✓ Official transcripts from educational institution.
- ✓ Application fee in the amount of \$90.00. Make check or money order payable to the Board of Sanitarians. All fees are non-refundable. Do not send cash.
- ✓ If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or jurisdictions.
- ✓ The board will notify the applicant if the application has been approved and will schedule the applicant to sit for the national registered environmental health specialist / registered sanitarian examination within 30 days of the approved application date.

Sanitarian-in-Training: Applicants for sanitarian-in-training must meet the same qualifications for licensure and application procedures. A sanitarian-in-training exemption is valid for a period of one year. The national registered environmental health specialist / registered sanitarian examination can be taken at any time during the training year. The application fee is \$90 and \$150 is required for each exam administration. Applicants shall also submit the following:

- ✓ A sanitarian-in-training must work under the supervision of a licensed sanitarian. The supervising sanitarian must submit a plan for supervision for approval by the board.
- ✓ The supervising sanitarian must file quarterly reports with the board regarding the status and progress of the S.I.T.

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2" x 2"

PHOTO

APPLICATION FOR LICENSURE AS: (please check one)

☐ **SANITARIAN \$90.00**

☐ EXAM

☐ RECIPROCITY

☐ **SANITARIAN IN TRAINING \$90.00**

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate you preferred mailing address

____ Home

____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 9. Have you ever been denied the right to take this profession's licensing exam in any state?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has a licensing agency ever taken adverse or disciplinary action against your license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to , or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16 th birthday. If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been charged with fraud, formally or informally, in any legal proceeding?
If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

Only those applicants applying for Sanitarian taking the exam need answer the following:

- | | | |
|---|--------------------------|--------------------------|
| 19. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever applied for or taken the national registration of sanitarian exam?
If yes, attach a detailed explanation giving type of exam taken, date, and results. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever applied for or taken national registration of sanitarian exam in any other state?
If yes, attach a detailed explanation giving type of exam taken, date and results. | <input type="checkbox"/> | <input type="checkbox"/> |

COLLEGE, UNINIVERSITY, OR NURSING EDUCATION: List only undergraduate work here. Official transcripts must be sent directly from the college or university to the board office.

Name of school	Location City State	Dates of attendance		Credits Rec'd	Major Subject		Minor Subject		Degree Rec'd If any	Date of degree
		From Mo. Yr.	To Mo. Yr.		Name	Hours In Major	Name	Hours In Minor		

GRADUATE WORK: (list here only work done above college graduation)

Name of school	Location City State	Dates of attendance		Credits Rec'd	Major Subject		Minor Subject		Degree Rec'd If any	Date of degree
		From Mo. Yr.	To Mo. Yr.		Name	Hours In Major	Name	Hours In Minor		

FIELD TRAINING OR SHORT COURSES: (Give name of institution, courses pursued, dates, and indicate whether course was completed. Support by transcript or record secured from and certified by an officer of the institution).

Name of Institution	Courses pursued	Dates	Completed	
			Yes	No

22. Do you currently hold a license in another state as a Sanitarian or Sanitarian in training? If yes, provide the following information;

YES NO
☐ ☐

License Type	State	License Number	Date Issued	Current? Yes/No

23. REFERENCES OF CHARACTER,

Give the names of three persons, who are familiar with your work, and to whom the department may address inquiries if necessary:

Name/Relation	Address	Business
1.		
2.		
3.		

ADDITIONALLY, YOU MUST REQUEST A LICENSE VERIFICATION FROM STATES WHERE YOU CURRENTLY HOLD OR HAVE EVER HELD A LICENSE. HAVE THE VERIFICATION SENT DIRECTLY TO THE BOARD OFFICE.

24. Experience: Provide all locations in which you have practiced in the last 10 years.

Name of facility:	Immediate Supervisor:	
Address:	City:	State:
Duties:		
Dates: From	To:	Position held:

Name of facility:	Immediate Supervisor:	
Address:	City:	State:
Duties:		
Dates: From	To:	Position held:

Name of facility:	Immediate Supervisor:	
Address:	City:	State:
Duties:		
Dates: From	To:	Position held:

Name of facility:	Immediate Supervisor:	
Address:	City:	State:
Duties:		
Dates: From	To:	Position held:

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Sanitarians.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

Subscribed and sworn to me by this _____ day of _____, _____

At _____
City and State

Notary Public

SEAL

For the State of

My commission expires _____